

Health Communication and Cultural Diversity

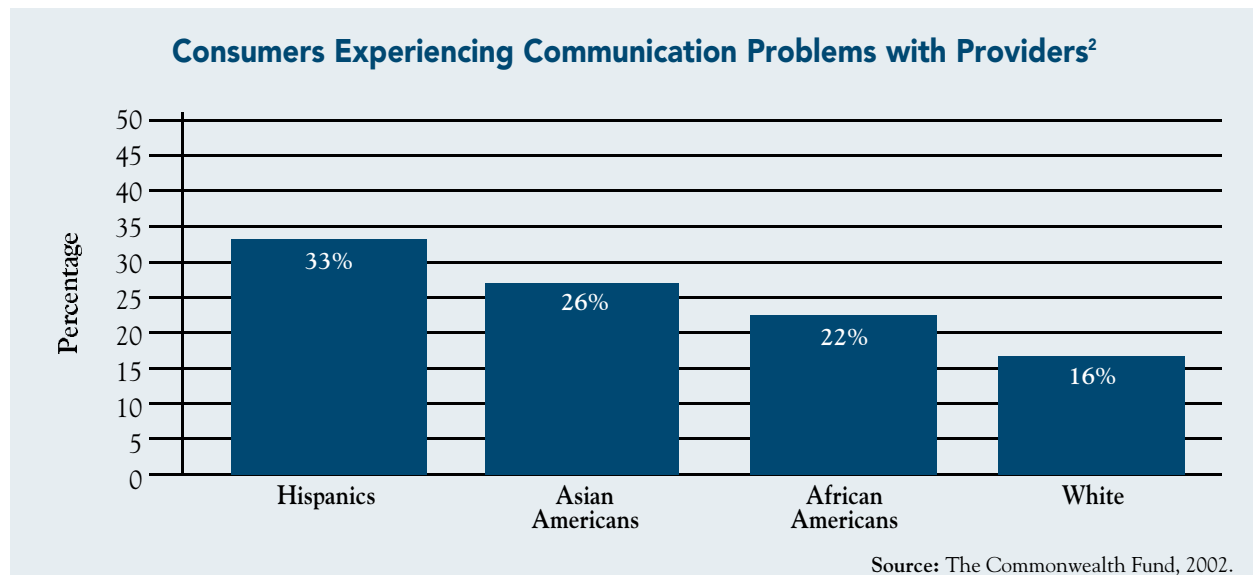
Providers can improve communication by addressing cultural beliefs and values.

By 2050, almost half of the U.S. population will be non-white.¹

Health care providers must recognize the cultural beliefs, practices, and linguistic differences of all patients or risk poor health outcomes.

- The Commonwealth Fund's 2001 survey of 6,722 adults found that minority populations are more likely to have chronic disease, lack health insurance, and have difficulties communicating with their health care providers as compared with whites.²
 - Understanding that cultural beliefs and literacy play an important role in health care is essential to addressing communication problems.
 - The U.S. Office of Minority Health offers the following definition of cultural and linguistic competence in the provision of health care:³
Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.
- In other words, cultural and linguistic competence is the ability of health care stakeholders to effectively address the language and cultural needs of consumers.

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Strategies for developing culturally appropriate materials⁴

- Identify the population segments and tailor messages to incorporate the audiences' beliefs and values. For example, a study to test an obesity program for African-American families took into account cultural attitudes toward food and food preparation techniques. It also used culturally relevant music and dance in exercise routines and materials on diet and exercise from magazines geared toward African Americans. Mothers in the program reduced the percentage of fat in their diets from 40% to 32% in 12 weeks.⁵
- Collaborate with other organizations. Contact other community organizations and/or the State Office of Minority Health to develop useful, targeted materials. For example, a program on a Navajo reservation increased the proportion of mothers breastfeeding their infants from 64% to 78% by collaboration among local organizations to reinforce and demonstrate traditional understanding about infant feeding.⁶
- Incorporate the National Standards for Cultural and Linguistically Appropriate Services into organizational policies, professional training programs, and quality improvement activities.

Techniques to consider when preparing patient materials^{4,7}

- Choose words that show respect for the patient's culture as well as their individual goals. For example, advise cutting back on, not eliminating, the amount of cooking oil to reduce fat intake and avoid chronic illness in the Hispanic population.
- Some cultures may respond to treatment if it is emphasized as "important" rather than "helpful."
- Use graphics, pictures, and examples that reflect the audience in written materials.
- Field test materials for comprehension and cultural acceptance.
- Translate materials into the language(s) of the population(s) served.
- Involve members of the population served in developing strategies and materials. Researchers at the University of Washington worked with Latino parents and teens to help prepare a novella to influence attitudes about alcohol and improve parent-youth communications among Latino families.⁸

References

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